



Nurse Anesthesiology Program Clinical Competency Skills Checklist

Name: _____

Date: _____

Please select the best choice that describes your clinical experiences.

Type of ICU (Check all that apply)	Length of Time (Months)	Position (Staff, Traveler)	Level I or II Trauma Center? (Y or N)
<input type="checkbox"/> Medical			
<input type="checkbox"/> Surgical			
<input type="checkbox"/> Cardiovascular			
<input type="checkbox"/> Neurosurgical			
<input type="checkbox"/> Pediatric			
Other (Specify, ie. trauma, transplant, neonatal, CCU, ER/ED, OR, PACU)			

Skills	Proficient Performed daily/weekly basis	Competent Performed ≥ 5 times per year	Limited Performed < 5 times per year	Observation No Experience
Physical assessment				
ECG monitoring				
Arterial line monitoring				
Central venous pressure monitoring				
Pulmonary artery pressure monitoring				
Cardiac output monitoring				
Neuromuscular blockade monitoring				
Intracranial pressure monitoring				
Systemic vascular resistance monitoring				
Intra-aortic balloon pump monitoring				
Cardiac bypass monitoring				
ECMO monitoring				
Conscious sedation monitoring				
Intravenous line insertion				
Ventilator and/or airway management				
Code management (ACLS)				
Laboratory test interpretation				
Transfusion therapy (blood/blood products)				



Agents	Daily	Weekly	Monthly	Never
Dobutamine infusion				
Dopamine infusion				
Ephedrine bolus				
Epinephrine bolus/infusion				
Narcotic bolus/infusion				
Neuromuscular blocking agent bolus/infusion				
Nitroglycerine infusion				
Nitroprusside infusion				
Norepinephrine infusion				
Phenylephrine bolus/infusion				
Precedex bolus/infusion				
Propofol bolus/infusion				
Sedation agents _____				
Other agents: _____				

Please list any areas of expertise below:

I hereby certify that all information I have provided on this skills checklist is true and accurate.

Nurse Signature

Date

Supervisor's Signature

Date

Supervisor's email _____